

GC PLANNING COMMISSION



CITY OF GROVE CITY

4035 Broadway Grove City, Ohio 43123 (614) 277-3000 Fax (614) 277-3011

METHOD OF ZONING CHANGE REVERSION OF ZONING CLASSIFICATION APPLICATION

FEE \$100.00

www.ci.grove-city.on,us	Date Submitted
PROJECT INFORMATION	
PROJECT NAME	
PROPERTY LOCATION/ADDRESS 4094 Braydway Gre	eve City OH. 43123
040. 800883. 60	,
EXISTING ZONING C-2	PROPOSED ZONING
PROPERTY OWNER('S) Leginach M Brown MAILING ADDRÉSS	
	ve City OH 43173
614 769-3202 () N	A JUNNB1955 PAOL COM
APPLICANT/AGENT	
NAME OF APPLICANT	
Leannah M Brown	
MAILING ADDRESS 4094 13road way Ground DAYTIME TELEPHONE DAYTIME TELEPHONE FAX NUMBER	Ve City Offic 43123
DESIGNATED CONTACT PERSON	DAYTIME TELEPHONE DAYTIME TELEPHONE
John M Brown	() 769-3202
1. Leannah M Brown	7 the applicant or the applicant's duly authorized agent, have
read and understand the contents of this submittal. The inform correct, to the best of my knowledge. A completed checklist a	nation contained, including attached exhibits, is complete and true/

FOR OFFICE USE ONLY				
DATE RECEIVED	PAYMENT RECEIVED/AMOUNT	RECEIVED BY MP	CHECK # 1714	
DATE SCHEDULED FOR PC \$ 111 7/5/11	PUD FINDING MET	APPROVED PLAN ATTACHED	TEXT INCLUDED	
PROJECT ID # CANDI C	YES NO	YES NO PLANNING COMMISSION	YES NO	
201106270017		APPROVED		

Site visits to the property may be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to

Jeannah M Brown Date 6-27-2011 Lannah M Brown Date 6-27-2011

visit and/or photograph the property described in this application.

Signature of Applicant

Signature of Owner